

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **1914**

**FILED JAN 27 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **231** PRIMARY REG. DIST. NO. **4346** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Montgomery</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> COUNTY <b>Montgomery</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Montgomery</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>		d. STREET ADDRESS (If rural, give location) <b>None</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lonie</b>		b. (Middle) <b>L</b>	
c. (Last) <b>Britt</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>1-16-51</b>	
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b>	8. DATE OF BIRTH <b>4-16-79</b>
9. AGE (In years last birthday) <b>71</b>		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Bellflower Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>James Witt</b>		13b. MOTHER'S MAIDEN NAME <b>Janie Eames</b>	
14. NAME OF HUSBAND OR WIFE <b>T.L. Britt</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>	
17. INFORMANT'S SIGNATURE OR NAME <b>T.L. Britt</b>		ADDRESS <b>Montgomery City Mo</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Hypertensive Cardio Vascular Disease</b> DUE TO (c) <b>Arteriosclerosis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Chronic Myocarditis</b>	
INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b> <b>13 years</b> <b>13 years</b> <b>13 years</b>			
19a. DATE OF OPERATION <b>None</b>		19b. MAJOR FINDINGS OF OPERATION <b>None - Coroner was notified 4201</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>no</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>none</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>None</b>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <b>none</b>			
22. I hereby certify that I attended the deceased from <b>6-12</b> , 19 <b>36</b> , to <b>1-16</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>1-15</b> , 19 <b>51</b> , and that death occurred at <b>1238</b> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>E.J.T. Andersen, M.D.</b>		23b. ADDRESS <b>Montgomery City, Mo</b>	
23c. DATE SIGNED <b>1/17/51</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>B</b>		24b. DATE <b>1/18/51</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>Prices Branch</b>		24d. LOCATION (City, town, or county) (State) <b>Prices Branch Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-18-51</b>		REGISTRAR'S SIGNATURE <b>Bernice E. Wyath</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Carroll Kins</b>		ADDRESS <b>Montgomery Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0900  
1

0700

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

JAN 24 1951

RECEIVED

FEB 2 1951

JAN 29 1951

### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, on the 16  
day of Jan 1951

working under my personal supervision.

Student Embalmer No. \_\_\_\_\_

Student \_\_\_\_\_  
Student Embalmer

Signed \_\_\_\_\_

*C. W. Hopkins*  
C. W. Hopkins

Licensed Embalmer No. 1487

P. O. Address Montgomery City Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.